

**TENNESSEE SINGLE STATE REGISTRATION SYSTEM
FORM RS-2A CALCULATION OF FEE AMOUNTS DUE EACH STATE**

REGISTRATION YEAR _____ **FEIN#** _____

Make Check Payable and Return to: Tennessee Department of Safety 1150 Foster Avenue – Fiscal Division Cashier's Office Nashville, TN 37210	CHECK HERE IF THIS IS A SUPPLEMENTAL APPLICATION _____ <i>There Will Be No Refunds After Receipt Has Been Issued!</i>
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Motor Carrier Name: _____

Doing Business As: _____

US DOT Number: _____ FMCSA MC Number: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: Area Code () _____ Fax Number: _____

Carrier Whose Principal Place of Business is Pennsylvania

(A) Participating States	(B) Total Number Of Vehicles	(C) Per Vehicle Fee	(D) Fee Times Number of Vehicles (Column B x Column C)
Alabama		\$6.00	
Arkansas		5.00	
California		5.00	
Colorado		5.00	
Connecticut		10.00	
Georgia		5.00	
Iowa		1.00	
Idaho		2.00	
Illinois		7.00	
Indiana		0.00	
Kansas		10.00	
Kentucky		10.00	
Louisiana		10.00	
Massachusetts		10.00	
Maine		8.00	
Michigan		10.00	
Minnesota		5.45	
Missouri		10.00	
Mississippi		10.00	
Montana		5.00	
North Carolina		1.00	
North Dakota		10.00	
Nebraska		.50	
New Hampshire		10.00	
New Mexico		10.00	
New York		10.00	
Ohio		5.00	
Oklahoma		7.00	
Rhode Island		8.00	
South Carolina		5.00	
South Dakota		5.00	
Tennessee		8.00	
Texas		0.00	
Utah		6.00	
Virginia		10.00	
Washington		10.00	
Wisconsin		5.00	
West Virginia		3.00	
TOTAL OF ALL STATES FEES		Tax Code: 092	\$

I, the undersigned, under penalty for false statement, certify that current copies of my FMCSA authority, the FMCSA Form No. BOC-3 and a copy of proof of public liability security are on file in the registration state and that I am authorized to execute and file this document on behalf of the applicant. If current information is not on file, updated information is attached.

Signature: _____ Title: _____ Date: _____